Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

Ch. 457, Stats.

Madison, WI 53708-8935

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

APPLICATION TO CONVERT CURRENT OR PENDING MARRIAGE AND FAMILY THERAPIST TRAINING CERTIFICATE TO TRAINING LICENSE

PLEASE TYPE OR PRINT IN INK			
Last Name	First Name	MI	Former / Maiden Name(s)
Street Address (number, street, city, state, zip)			Daytime Telephone Number
Training Certificate Number	Grant Date		Expiration Date
	AFFIDAVIT OF AP	PLICANT	
I, the above-named applicant, state and affirm	that:		
I hold a current Marriage and Far Department.	nily Therapist Training (Certificate or	have a pending application on file with the
All previous application information current, accurate, and valid.	that I provided to the Sect	ion for the M	Iarriage and Family Training Certificate is still
☐ I request that the application inform Training License.	ation referenced above be	transferred	to this application for a Marriage and Family
The Marriage and Family Training License sa 48 months and may be renewed at the discretion	<u>-</u>		Statutes 457.13. A training license is valid for at Section.
Signature of Applicant		Date signed	
Provision of false information on an application	on may be grounds for revo	ocation of the	credential.
APPLICATION FEES Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application.)		For Receipting Use Only	
Training License (This fee is required if you and Family Training Certificate issued.)	ı already have a Marriage		
\$ 53.00 Total Required Fee Attached			
Training License (This fee is required if you have a pending application for a Marriage and Family Training Certificate on file with the Department.)			
\$ 43.00 Total Required Fee Attached			
#2747 (8/06)			

Committed to Equal Opportunity in Employment and Licensing